

Name
in
Full

CERTIFICATE OF DEATH

Georgia A. Adkins

Town

County

MARYLAND

Died at

Salisbury

McComas

Date

of death

1940 Feb

Day

16

Age

Years

50

Months

9

Days

28

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Housework

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

W. M. B. Adkins

Father's
Name

William Bradley

Father's
Birthplace

Del

Mother's
Maiden Name

Philetus Ralph

Mother's
Birthplace

Del

Name of person giving
Information

W. M. B. Adkins

How related
to deceased

Husband

CAUSES OF DEATH

120

V

Primary

Brights Disease

How long

Several minutes

Immediate

Uræmia

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

So far

Signature of
Physician

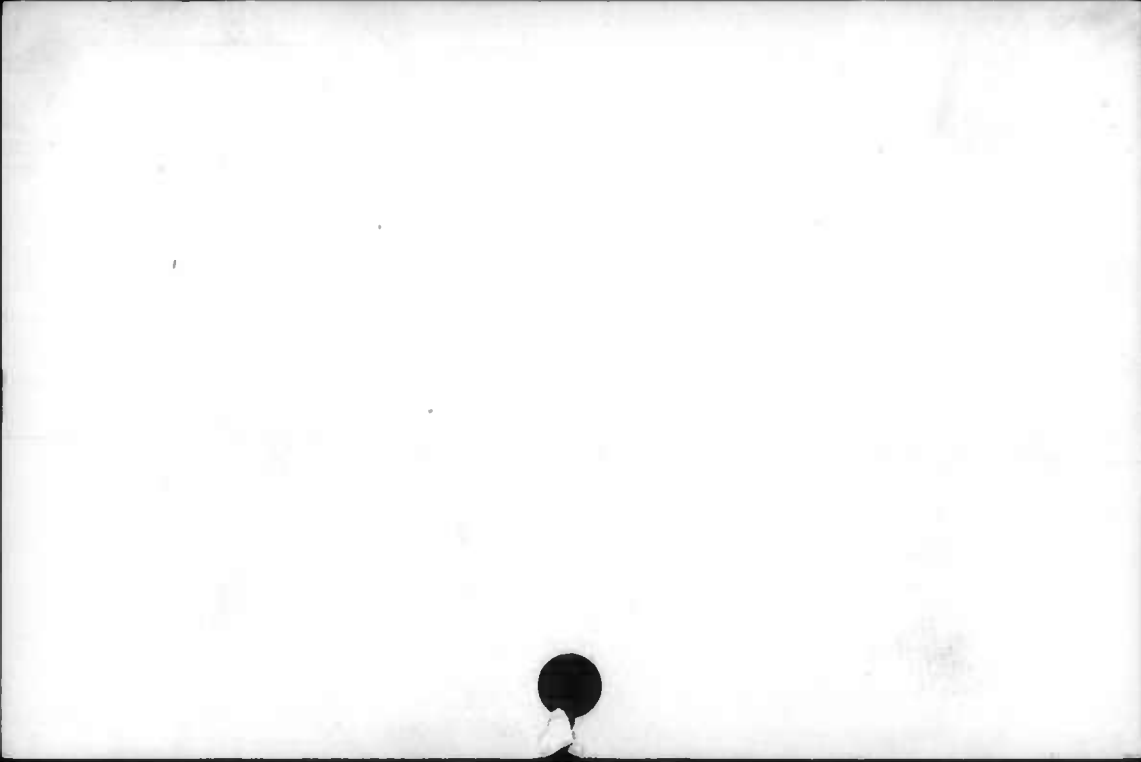
Address

J. M. F. Adkins.
Salisbury, Md

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

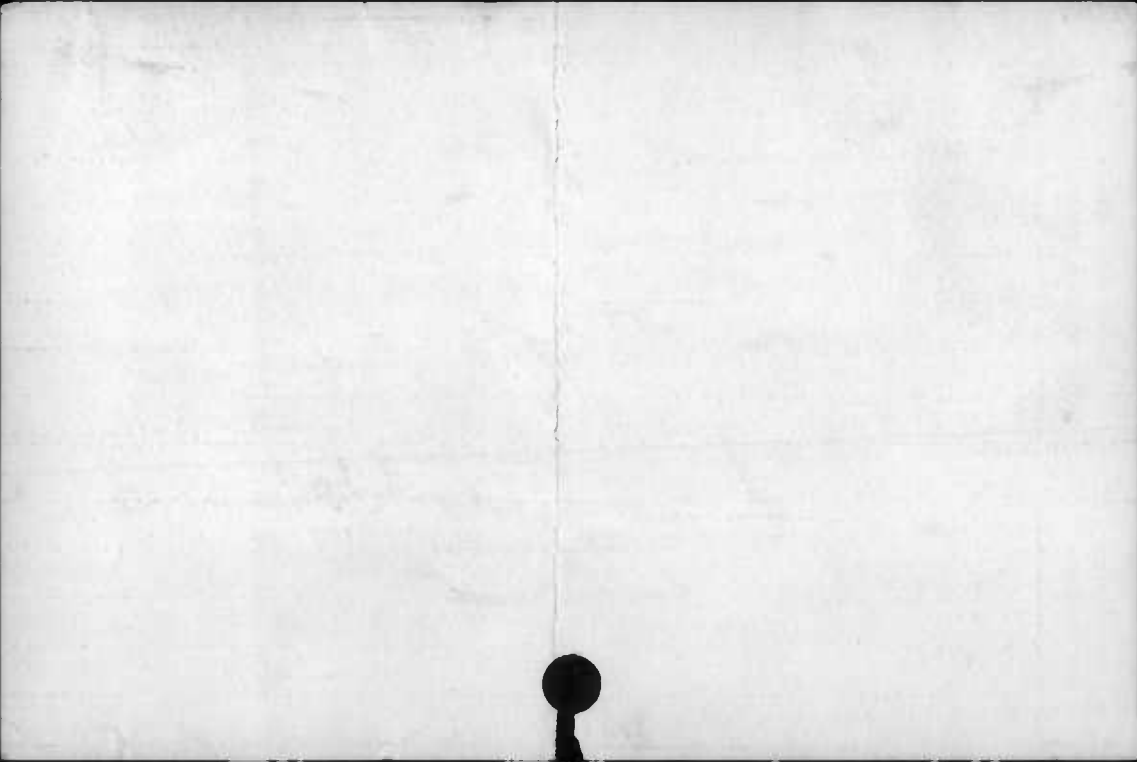
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Rockawayville</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	19 <i>40</i>	Month <i>Feb</i>	Day <i>6</i>	Age <i>48</i>	Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Maryland</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Alice Brumbley</i>				
Father's Name	<i>Unknown</i>				Father's Birthplace	<i>Unknown</i>	
Mother's Maiden Name	<i>Unknown</i>				Mother's Birthplace	<i>Unknown</i>	
Name of person giving In formation	<i>Murray Townsend</i>				How related to deceased	<i>Brother in law</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>9 da</i>
Immediate	<i>Heart failure</i>	How long	<i>2 hr</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		
Signature of Physician	<i>H. L. Z. M. D.</i>		
Address	<i>Rockawayville Md.</i>		
Accident or Suicide?			



Name
in
Full

Daisy L. Carnish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

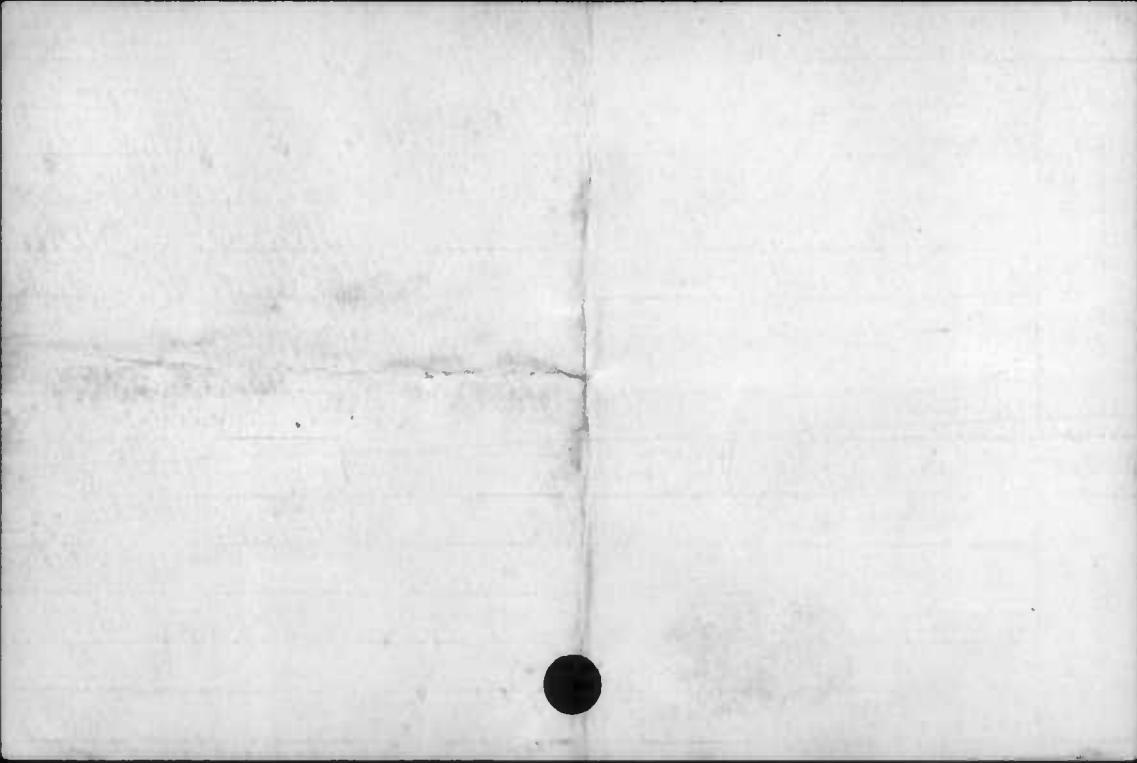
Died at		Town Helron		County Wicomico		MARYLAND	
Date of death	1900	Month Feb.	Day 4	Age	26	Months	Days
Sex	Female		Color or Race	Black		Birth- place	Wicomico Co
Occupation	House work			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband	Joseph Carnish			
Father's Name	Jesse Peter				Father's Birthplace	Wicomico Co	
Mother's Maiden Name	Mary L. Waters				Mother's Birthplace	" " "	
Name of person giving In formation	Joseph Carnish				How related to deceased	Husband	

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	yes
Signature of Physician	W. B. Hornumway
Address	Helron
Accident or Suicide?	no



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Thomas L. Culmer

Town

County

MARYLAND

Died at Delmar

McDonno

Date
of death 1900

Month

2

Day

24

Age

Years

38

Months

9

Days

20

Sex

Male

Color or
Race

White

Birth-
place

Delaware

Occupation

Clerk in Store

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Wm Culmer

Father's
Name

Joseph Hearn

Father's
Birthplace

Delaware

Mother's
Maiden Name

Sarah Hearn

Mother's
Birthplace

Delaware

Name of person giving
Information

John J. Culmer

How related
to deceased

Brother

CAUSES OF DEATH

80

✓

PHYSICIAN
OR CORONER

Primary

Neuralgia of Heart

How long

Sudden

Immediate

Neuralgia of Heart

How long

Sudden

Are the name, age, sex, color, date
and place correctly given above?

Yes

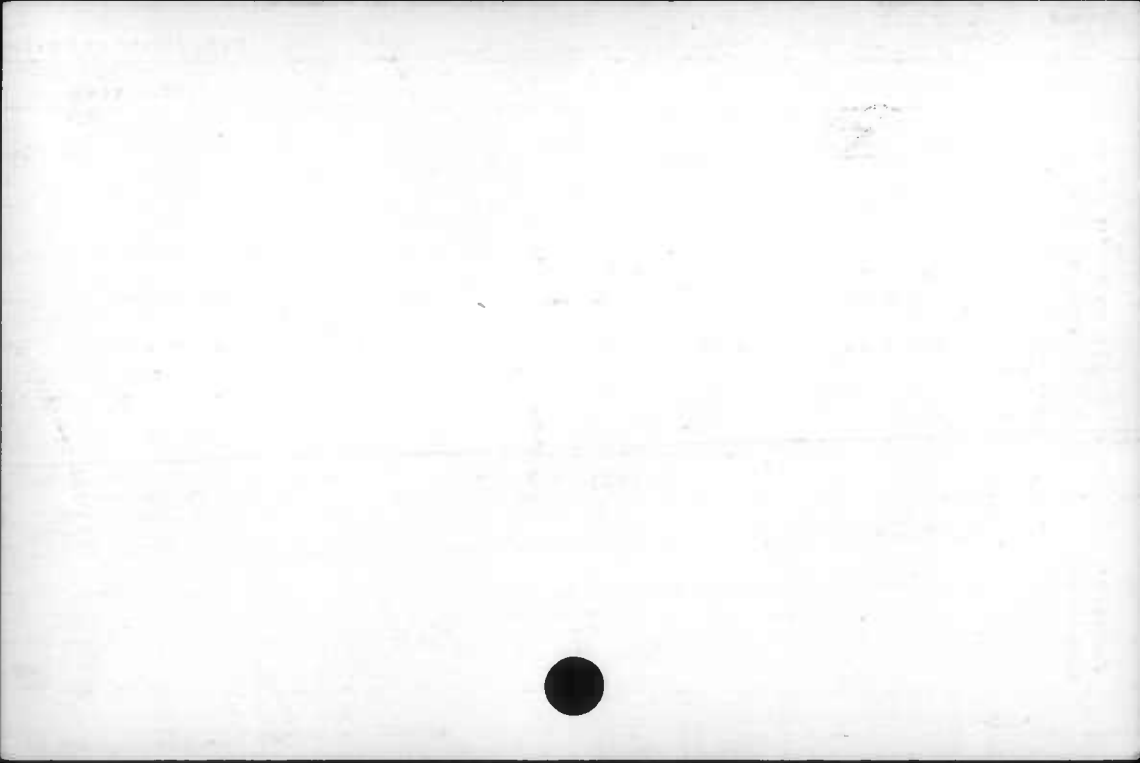
Signature of
Physician

Robert Ellingood

Address

Delmar Del

Accident or Suicide



Name
in
Full

William Davis

CERTIFICATE OF DEATH

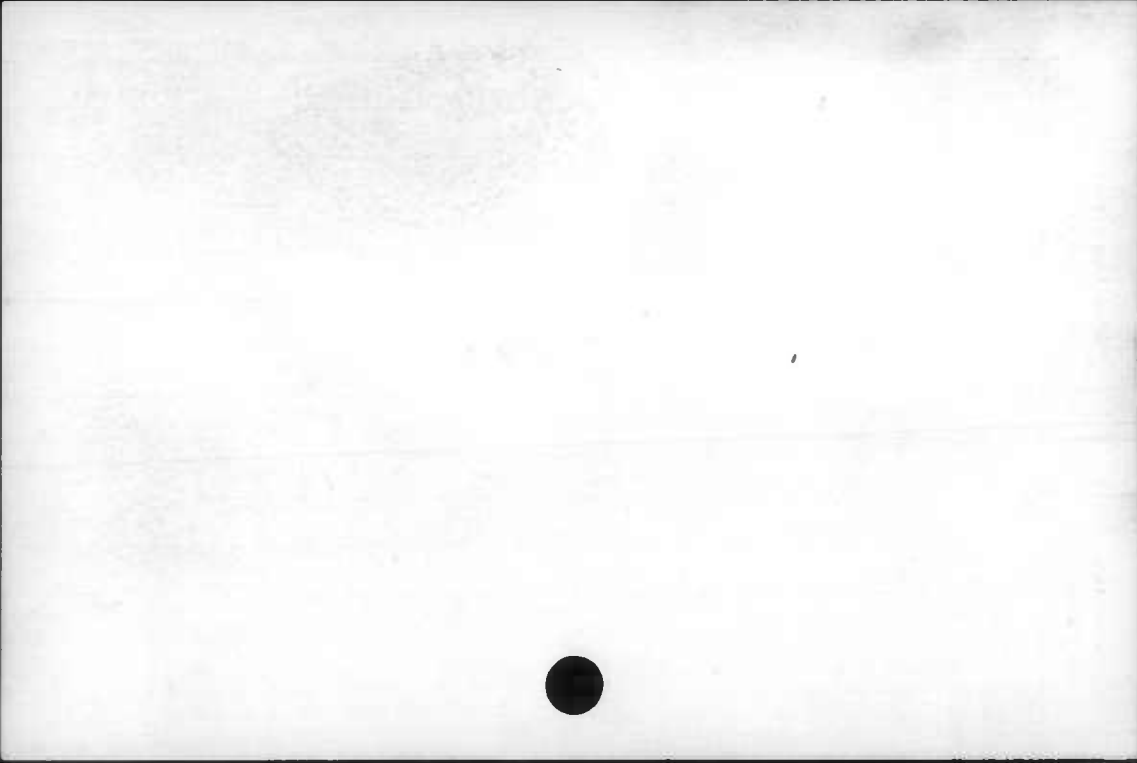
TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Salisbury ^{County} Wisconsin **MARYLAND**Date of death 1920 ^{Month} Feb ^{Day} 18 ^{Years} Age 69 ^{Months} 0 ^{Days} 0Sex male Color or Race Black Birth-place AlaOccupation Laborer Where Residing if not at place of deathMarried, Single or Widowed Single Name of Wife or ~~Husband~~ do not knowFather's Name do not know Father's Birthplace —Mother's Maiden Name do not know Mother's Birthplace —Name of parson giving Information Benjamin Leathery How related to deceased no relation

CAUSES OF DEATH

Primary Suddenly 198 How longImmediate Heart Failure How longAre the name, age, sex, color, data and place correctly given above? Yes Signature of Physician W. A. LaderAddress —

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph J. Wains

Town *Salisbury* County *Micomic* MARYLAND

Died at *Salisbury*

Date of death 190 *0* Month *Feb* Day *14* Age *62* Years Months Days

Sex *Male* Color or Race *White* Birth-place *MD*

Occupation *Shemmaker* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *Clara Wains*

Father's Name *Henry Wains* Father's Birthplace *MD*

Mother's Maiden Name *Do not know* Mother's Birthplace

Name of person giving Information *George Wains* How related to deceased *Son*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

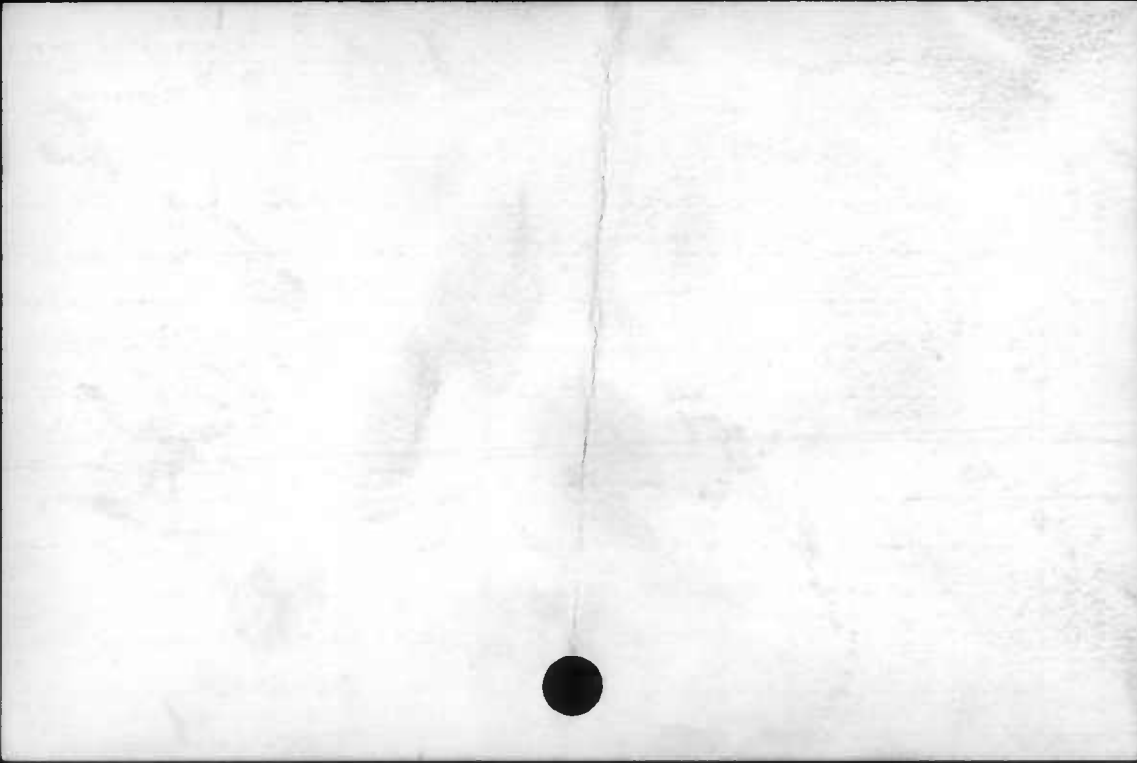
Primary *arterio-sclerosis, arteriosclerosis & heart trouble several years.*

Immediate *Apoplexy & Coma* How long *36 hours*

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *Louis W. Wains* Address *Salisbury, Md.*

Accident or Suicide



Name
In
Full

May Farlow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Near Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	19 <u>00</u>	Month <u>Feb'y.</u>	Day <u>26th</u>	Age <u>0</u> Years	Months <u>4</u> Days <u>0</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Near Salisbury Md.</u>		
Occupation <u>None</u>			Where Residing if not at place of death <u>Salisbury Md.</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>None</u>			
Father's Name <u>Stansbury W. Farlow</u>			Father's Birthplace <u>Wicomico Co. Md.</u>		
Mother's Maiden Name <u>Rosal Parker</u>			Mother's Birthplace <u>" " "</u>		
Name of person giving information <u>Henry L. Farlow</u>			How related to deceased <u>Uncle</u>		

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary <u>Bronchitis - Pneumonia</u>	How long <u>for 8 days</u>
Reported by <u>Dr. Hartman</u>	How long <u>few hours</u>
Immediate <u>Heart failure</u>	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Louise Brown</u>
	Address <u>Salisbury Md.</u>
Accident or Suicide?	



Name
in
Full

Boyd R Turr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Rockamalking ^{County} Wicomico **MARYLAND**

Date of death 1960 ^{Month} Feb ^{Day} 26 Age ^{Years} 2 ^{Months} ^{Days} 21

Sex male Color or Race Black Birth-place Md

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name James Turr Father's Birthplace Md

Mother's Maiden Name Mabel Handy Mother's Birthplace Md

Name of person giving Information James Turr How related to deceased Father

CAUSES OF DEATH

93
How long

Primary

Immediate

Pneumonia

How long 2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

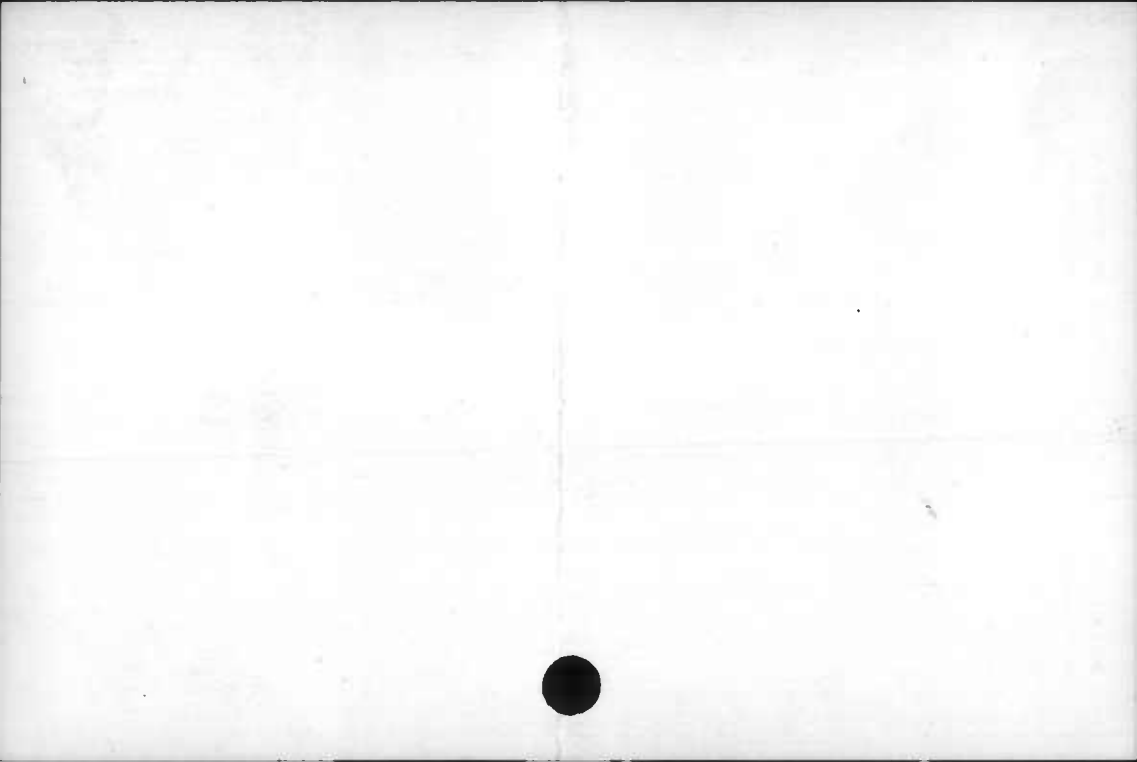
H. C. Conway

Feb 26

Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

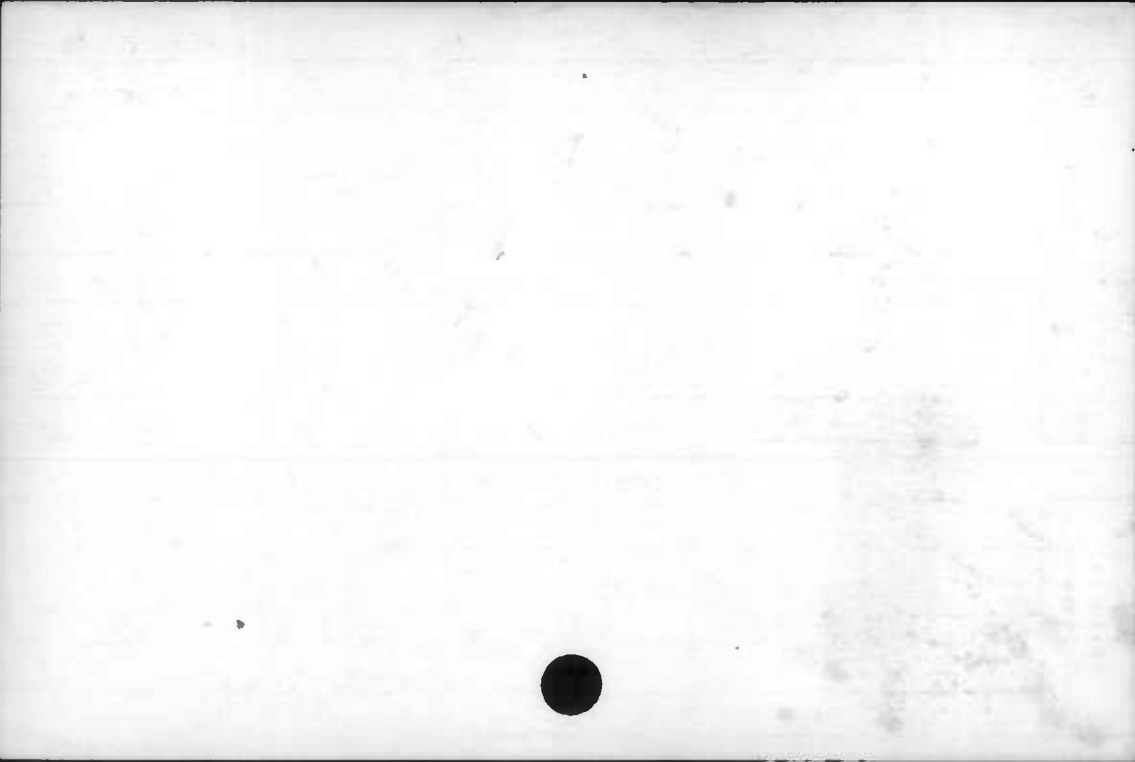
Name <i>Roberta B German</i>		Town <i>Delmar</i>		County <i>Wicomico</i>		MARYLAND	
Died at		Month <i>2</i>		Day <i>23</i>		Years <i>21</i>	
Date of death <i>1900</i>		Month <i>2</i>		Day <i>23</i>		Years <i>21</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Delmar</i>		Days <i>17</i>	
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Mitchell H. German</i>		Father's Birthplace <i>Delaware</i>					
Mother's Maiden Name <i>Francis A. German</i>		Mother's Birthplace <i>Delaware</i>					
Name of person giving Information <i>Francis A. German</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

104 ✓

PHYSICIAN
OR CORONER

Primary <i>Chronic Gastritis</i>	How long <i>one year</i>
Immediate <i>Chronic Gastritis</i>	How long
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>	Signature of Physician <i>Robert Ellegood M.D.</i>
	Address <i>Delmar Del</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

Matilda Gross

Town

Nanticoke

County

Wicomico

MARYLAND

Died at

Date

1940

Month

Feb

Day

13

Years

Age 70

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

White Haven

Occupation

Housekeeper

Where Residing if not
at place of death

Nanticoke

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Ligia Gross

Father's
Name

Roberts Liley

Father's
Birthplace

White Haven

Mother's
Maiden Name

Harriett Pruitt

Mother's
Birthplace

White Haven

Name of person giving
Information

John White

How related
to deceased

none

CAUSES OF DEATH

Primary

Lagrippe

How long

2 weeks

Immediate

Pneumonia

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

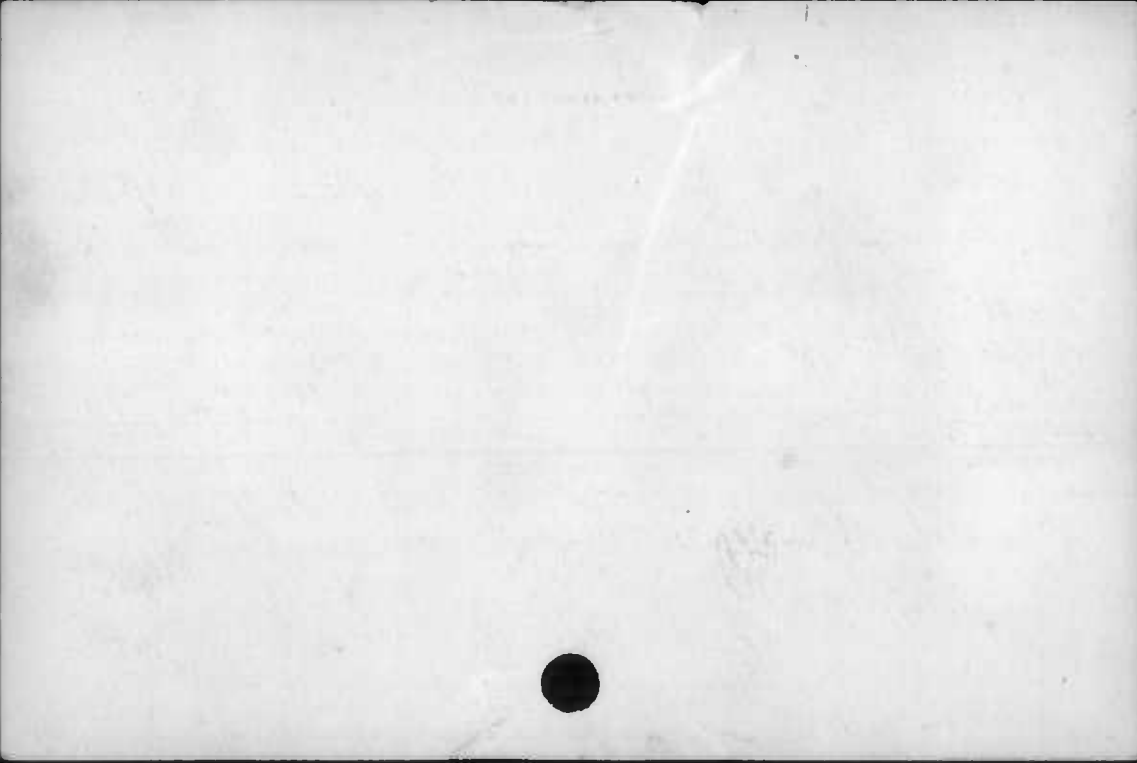
J. C. Day M.D.

Petersville

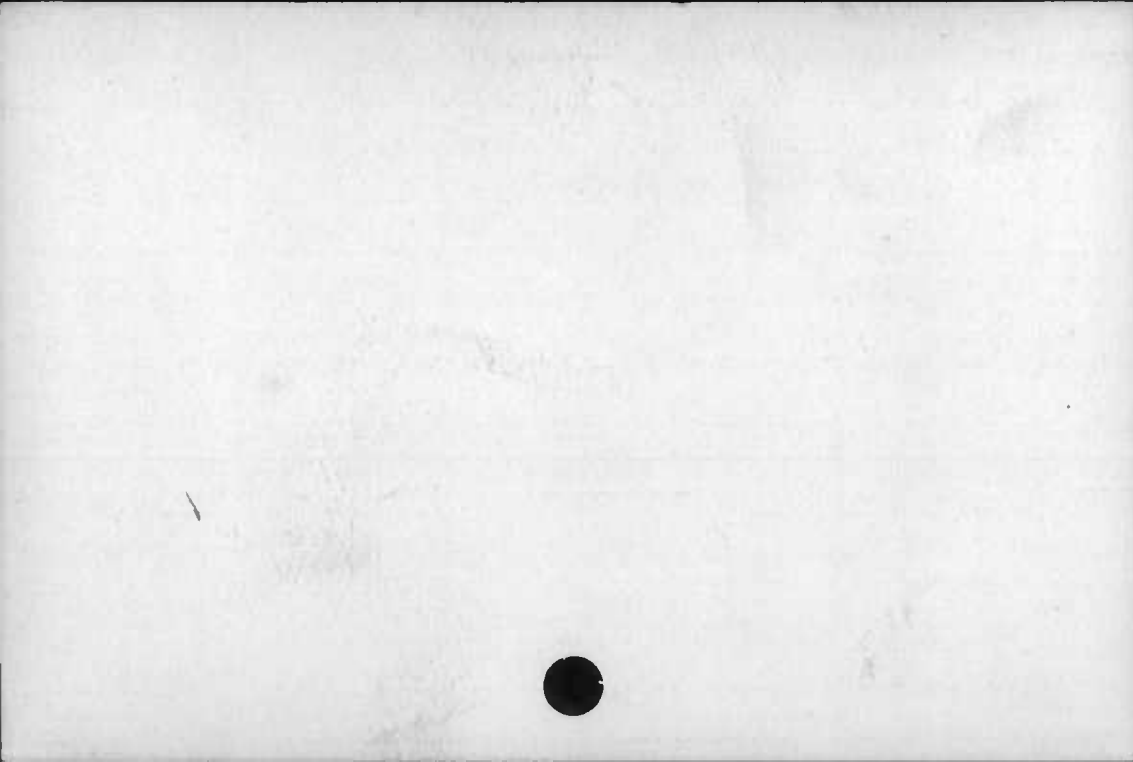
Wicomico Co

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Town				County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Salisbury</i>				<i>Wicomico</i>		MARYLAND	
		Date of death <i>1900</i>		Month <i>Feb.</i>	Day <i>28</i>	Age <i>43</i>	Months <i>6</i>	Days <i>19</i>	
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Federalburg Md.</i>			
		Occupation <i>Salesman</i>				Where Residing if not at place of death <i>in</i>			
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary L. Gullett</i>					
Father's Name <i>Eli Gullett</i>		Father's Birthplace <i>Caroline Co. Md.</i>							
Mother's Maiden Name <i>Mary A. Pennewell</i>		Mother's Birthplace <i>Maryland</i>							
Name of person giving information <i>S. P. Gullett</i>		How related to deceased <i>Brother</i>							
		CAUSES OF DEATH				<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">115</div>			
PHYSICIAN OR CORONER		Primary <i>Splenic carcinoma</i>				How long <i>9 years</i>			
		Immediate <i>Exploration</i>				How long <i>few days</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>J. M. Lewis</i>			
						Address <i>Salisbury Md</i>			
		Accident or Suicide? <i>No</i>							



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Elwood Lewis</i>						CERTIFICATE OF DEATH	
Died at <i>Near Sharplown</i>				County <i>Wicomico</i>		MARYLAND	
Date of death <i>1910</i>		Month <i>Feb</i>	Day <i>23</i>	Age <i>22</i>	Years <i>8</i>	Months <i>10</i>	Days <i>10</i>
Sex <i>Male</i>			Color or Race <i>col -</i>		Birth-place <i>10th Dist Wicomico</i>		
Occupation <i>Sailor</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>James W. Lewis</i>					Father's Birthplace <i>Va.</i>		
Mother's Maiden Name <i>Eliza Brown</i>					Mother's Birthplace <i>Wicomico Co</i>		
Name of person giving information <i>James Spencer</i>					How related to deceased <i>Step Father</i>		

CAUSES OF DEATH

Primary

Syphilis

How long

6 months

Immediate

Dent. tumor

How long

Are the name, age, sex, color, date and place correctly given above?

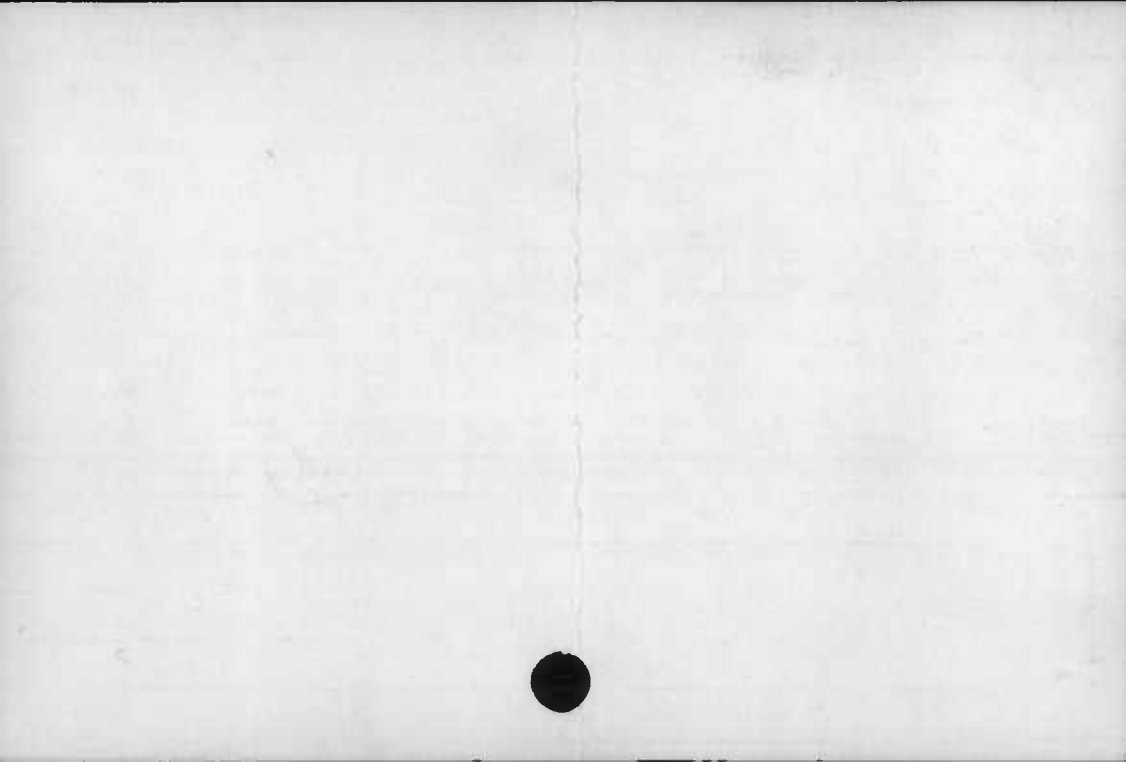
Yes

Signature of Physician

Address

Wm. H. Gassaway
Sharplown
Ind.

Accident or Suicide?



Name
in
Full

Alice E. Moore

CERTIFICATE OF DEATH

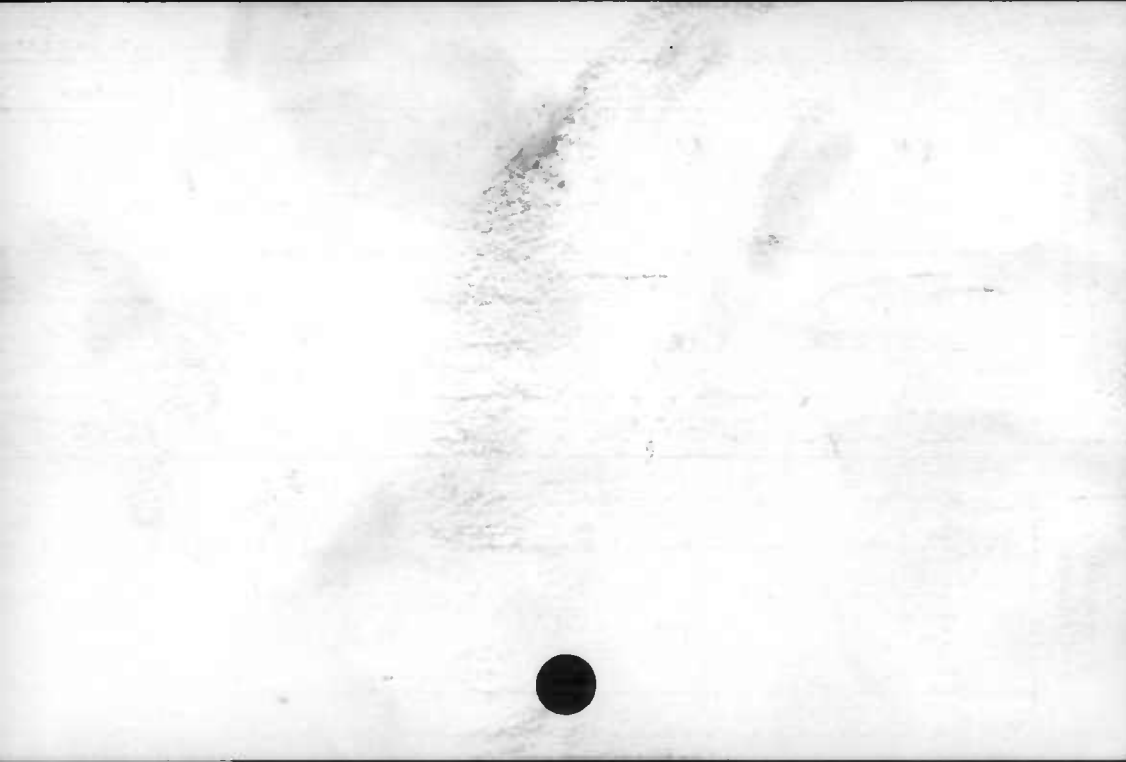
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	19 <u>06</u> Month <u>Feb</u>	Day <u>14</u>	Age <u>48</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Ala</u>		
Occupation <u>Housework</u>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <u>Joseph Moore</u>			
Father's Name <u>Elijah Reynolds</u>		Father's Birthplace <u>Do not know</u>			
Mother's Maiden Name <u>Do not know</u>		Mother's Birthplace <u>—</u>			
Name of person giving Information <u>Joseph Moore</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

Primary <u>Lobar Pneumonia</u>	<u>92</u> How long <u>6 days</u>
Immediate <u>"</u>	How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. H. Roberts</u>
	Address <u>328 Church St. Salisbury Md.</u>
Accident or Suicide <u>—</u>	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

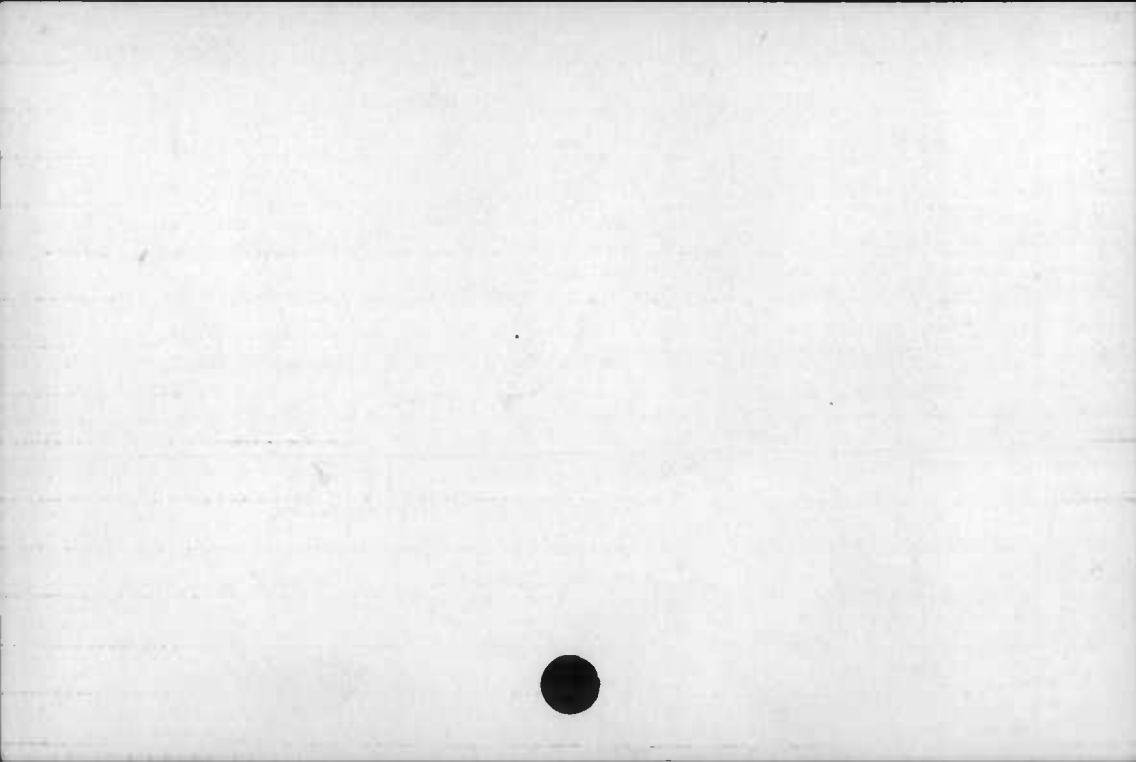
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	<i>1960</i>	Month <i>July</i>	Day <i>4</i>	Age <i>44</i>	Years <i>44</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Abruzzi Italy</i>		
Occupation <i>Shoemaker</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Alena Parlone</i>				
Father's Name <i>Tony Parlone</i>	Father's Birthplace <i>Abruzzi Italy</i>				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <i>Carino Galante</i>	How related to deceased <i>Son in law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>8 days</i>
Immediate <i>Leukemia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. B. O. F. H.</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	



Name
in
Full

Catherine M. Post

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death	19 <i>00</i>	Month <i>Feby.</i>	Day <i>25th</i>	Age <i>72</i> Years	Months <i>9</i> Days <i>4</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Patterson N. J.</i>		
Occupation <i>House</i>	Where Residing if not at place of death <i>Salisbury Md.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William J. Post</i>				
Father's Name <i>William Titus</i>	Father's Birthplace <i>Not known</i>				
Mother's Maiden Name <i>Mary Stagg</i>	Mother's Birthplace <i>Patterson N. J.</i>				
Name of person giving information <i>William J. Post</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>As Grippe mild Bronchitis</i>	How long <i>Several days</i>
Immediate <i>Died suddenly probably heart.</i>	How long <i>Short time</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Louis W. Green</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James T. Ralph

Town *Wilmington* County *1st Dist*

Died at *Wilmington*

MARYLAND

Date of death 19*40* Month *Feb* Day *4* Age *67* Years Months *5* Days *20*

Sex *Male* Color or Race *White* Birth-place *Delaware*

Occupation *Farmer* Where Residing if not at place of death *_____*

Married, Single or Widowed *Single* Name of Wife or Husband *_____*

Father's Name *James Ralph* Father's Birthplace *Delaware*

Mother's Maiden Name *Nancy Waller* Mother's Birthplace *Delaware*

Name of person giving Information *Chapin Bradley* How related to deceased *Cousin*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Rheumatism*

Immediate *Chronic Bronchitis*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *W. H. Gussary M. D.*

Address *Sharpton, Ind.*

Accident or Suicide

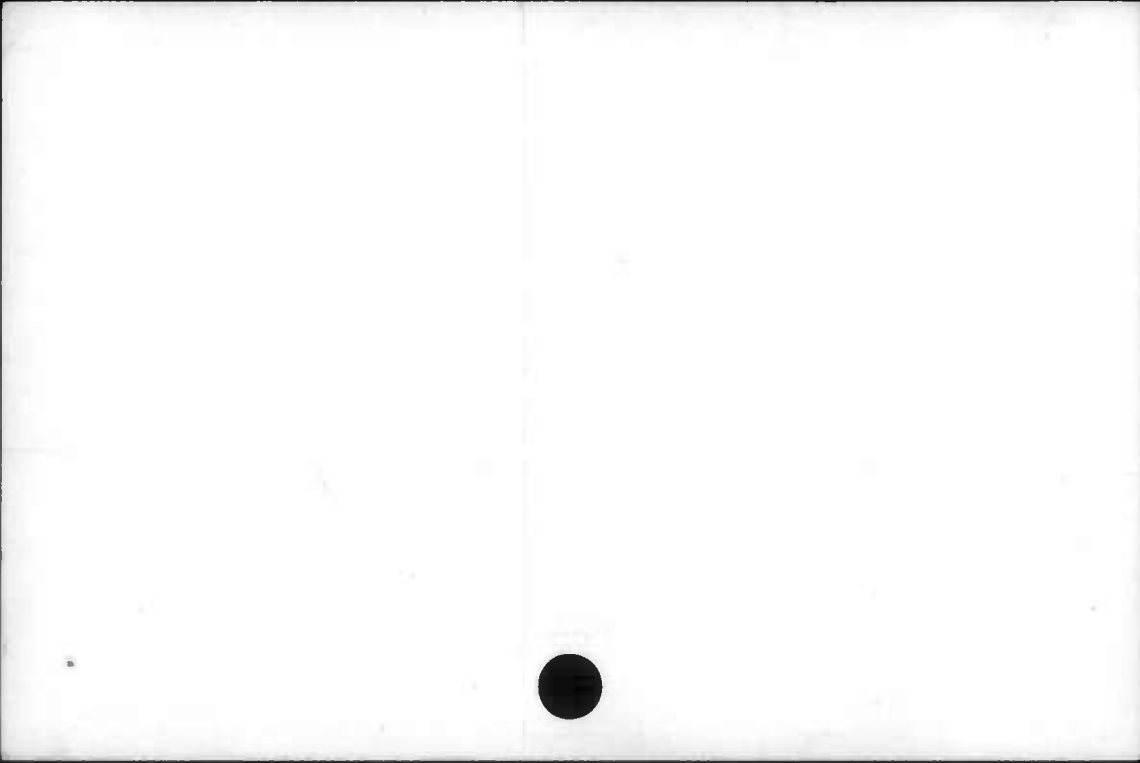
90

How long

1 year

How long

2 weeks



Name
in
Full

William J Reddish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Salisbury Wicomico County
Date of death 1900 Feb 26 Month Day Age
Sex male Color or Race white Birth-place md
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name William M Reddish

Father's Birthplace md

Mother's Maiden Name Sarah A Causey

Mother's Birthplace md

Name of person giving Information Daniel J. Pilghman

How related to deceased no relation

CAUSES OF DEATH

Primary Don't know

How long 1 1/2 Don't know

Immediate Peritonitis

How long two days Don't know exactly

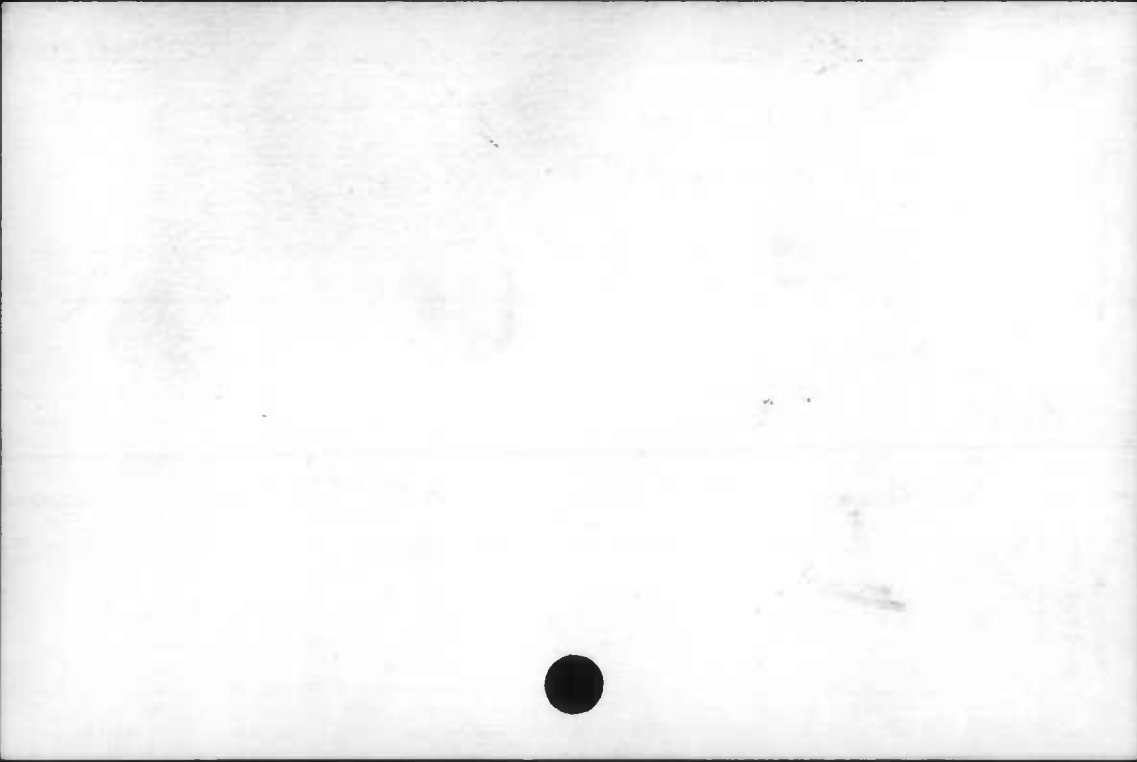
Are the name, age, sex, color, data and place correctly given above? yes

Signature of Physician Geo. H. Todd

Address Salisbury
md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Leah Jane Short

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

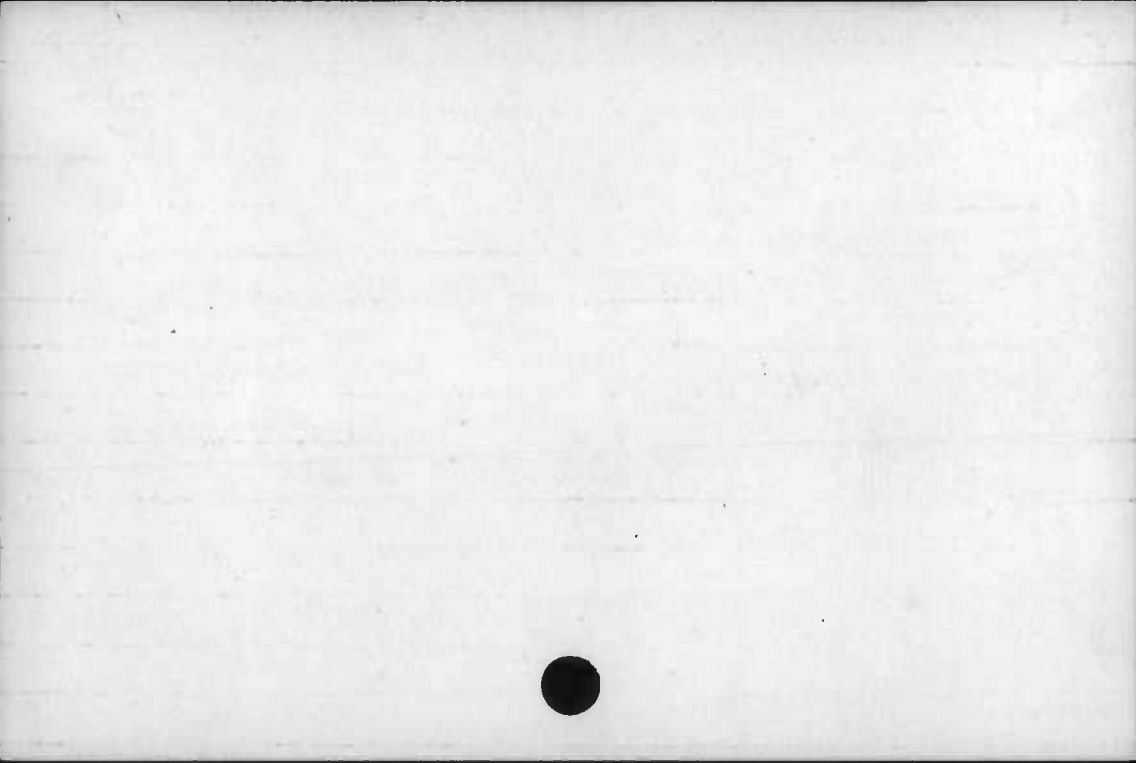
Died at <i>Salisbury</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death	<i>1900</i>	Month <i>Feb</i>	Day <i>3</i>	Age <i>78</i> Years	Months <i>2</i> Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Wicomico Co. Md.</i>		
Occupation <i>Hon. Keeper</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Cannon R. Short</i>				
Father's Name <i>Levin P. Causey</i>	Father's Birthplace <i>Worcester Co. Md.</i>				
Mother's Maiden Name <i>Hetty Stevenson</i>	Mother's Birthplace <i>Wicomico Co. "</i>				
Name of person giving information <i>L. S. Short</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>7</i> years
Immediate <i>Pleuro-Pneumonia</i>	How long <i>4</i> days
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. H. Todd</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

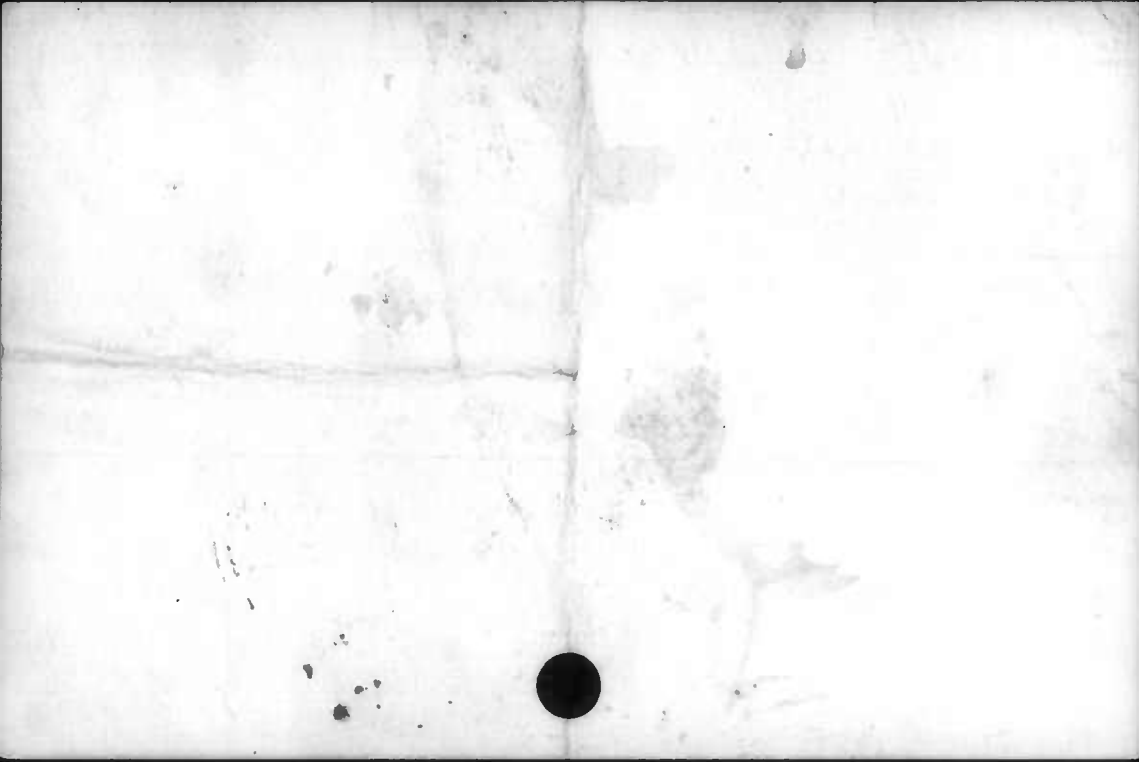
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Northern E. Sturgis</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND					
Died at		Month <i>Feb</i>		Day <i>3</i>		Years <i>1</i>		Months <i>6</i>		Days	
Date of death <i>1900</i>		Age <i>1</i>		Birth- place <i>Md</i>							
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth- place <i>Md</i>							
Occupation		Where Residing if not at place of death									
Married, Single or Widowed		Name of Wife or Huaband									
Father's Name <i>Charles Sturgis</i>		Father's Birthplace <i>Md</i>									
Mother's Maiden Name <i>Northern E. Morris</i>		Mother's Birthplace <i>Md</i>									
Name of person giving Information <i>Northern E. Sturgis</i>		How related to deceased <i>Sister</i>									

CAUSES OF DEATH

Primary	<i>Whooping cough</i>	How long <i>one week</i>
Immediate	<i>yes</i>	How long
Are the name, age, sex, color, date and place correctly given above?		
Signature of Physician <i>J. W. Roberts</i>		
Address <i>1328 Church St. Salisbury Md.</i>		
Accident or Suicide		

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

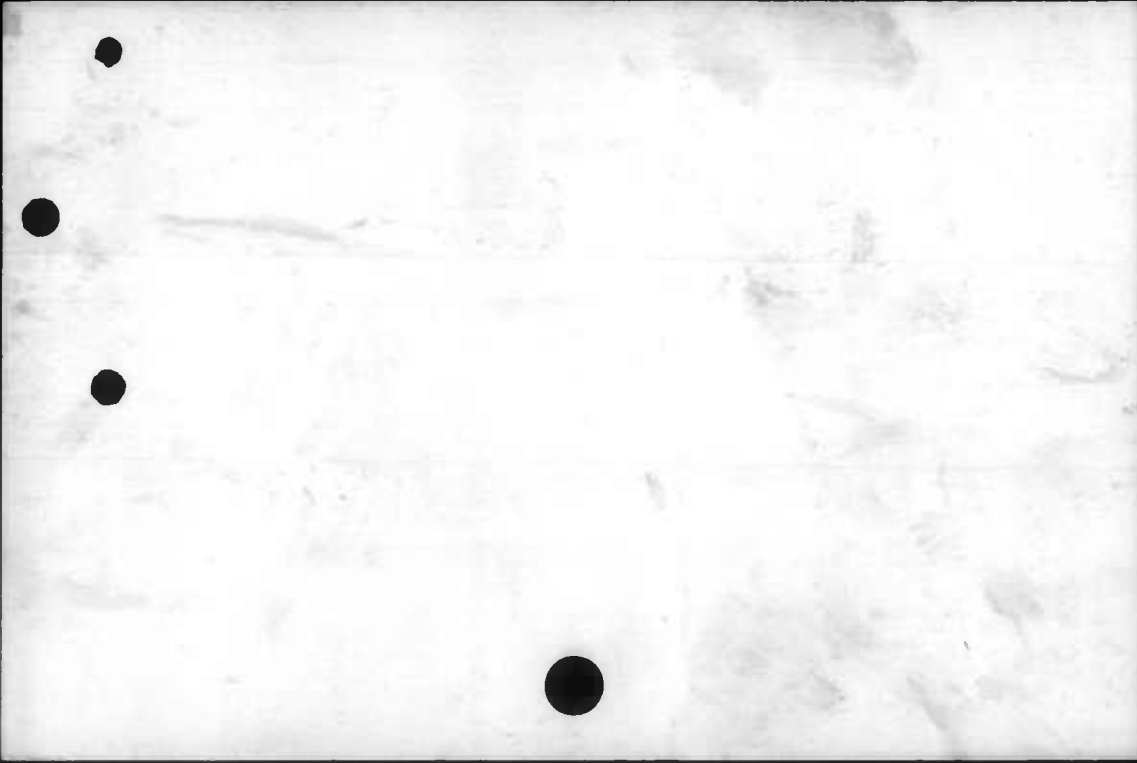
TO BE ANSWERED BY
NEAREST FRIEND

Name *Thomas N Taylor* Town *Salisbury* County *Wicomico* MARYLAND
Died at *Salisbury*
Date of death *1900* Month *Feb* Day *2* Age *2* Years *3* Months *18* Days
Sex *male* Color or Race *white* Birth-place *Md*
Occupation _____ Where Residing if not at place of death _____
Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name *Walter Taylor* Father's Birthplace *Md*
Mother's Maiden Name *Ida M Russell* Mother's Birthplace *Md*
Name of person giving Information *Walter Taylor* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Murphy's* How long *180*
Immediate *Starvation* How long *7 or 8 days*
Are the name, age, sex, color, date and place correctly given above? *So far as I know* Signature of Physician *W. E. Davis*
as I know Address *Salisbury, Md.*
Accident or Suicide *No*



Name
in
Full

Wm. Thornton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> ^{Town}		<u>Wilcomico</u> ^{County}		MARYLAND	
Date of death <u>1900</u>	<u>Feb.</u> ^{Month}	<u>3</u> ^{Day}	Age <u>27</u> ^{Years}	<u></u> ^{Months}	<u></u> ^{Days}
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Not known</u>			
Occupation <u>Sailor</u>		Where Residing if not at place of death <u>Not known</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Not known</u>		Father's Birthplace			
Mother's Maiden Name <u>Emma Jackson</u>		Mother's Birthplace			
Name of person giving information <u>A. A. Bennett Nurse</u>		How related to deceased			

CAUSES OF DEATH

① ✓

PHYSICIAN
OR CORONER

Primary <u>Typhoid fever</u>	How long <u>3 weeks</u>
Immediate <u>Typhoid fever</u>	How long <u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. L. Shale M.D.</u>
	Address <u>Salisbury Md</u>
Accident or Suicide?	

